

## **Jacque Jenkins**

Here is a group response from all of the counselors at my program. Our comments and concerns are:

1. National certification is cost prohibitive for small private non-funded programs in this state, which out number public funded programs.
2. If CAC-ADs cannot continue to supervise and run their own businesses, they will go under creating an even further increase in workforce shortage and another hit to the economy. More certified addiction counselors are trained in mental health than mental health professionals are trained in addictions. Many of them have no clue.
3. Scaleability should be used to grandfather in small Level I private programs and they should not require national certification.
4. Mental health and primary care doctors will be putting clients on addictive medications such as Xanax, which is a problem we deal with in this field over and over. This will only get worse.
5. Many of our clients who were questioned about the above "freaked out" at the prospect of being in treatment with untrained mental health counselors.
6. CAC-ADs with years of training and experience should be licensed on an individual basis.  
There is a co-occurring d/o certificate through OETAS already for CAC-ADs.
7. We should have our own certifying entity that we would be glad to pay for recertification.
8. Recertification should be every five years for programs with no issues at the time of a site survey. New documents can be mailed in every two years such as malpractice, fire inspection, business liability insurance and training, etc.
9. No one seems to be able to tell us where we fit in this integration.
10. One size does not fit all, as mental and addiction treatment are like apples and oranges. (I would not go to a urologist for migraines or heart trouble.

Thank you.  
Jacque Jenkins